

## Bureau of Health Care Quality and Compliance

PRINTED: 05/24/2010  
FORM APPROVED*R. Zarick 5/26/10*

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVS4208AGC</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/23/2010</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAS VEGAS HOME SWEET HOME</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2615 LINDELL ROAD<br/>LAS VEGAS, NV 89146</b>                                |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| Y 000  | <b>Initial Comments</b><br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 4/23/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.<br><br>The facility is licensed for 14 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, six category I and eight category II residents. The census at the time of the survey was zero. No resident files were reviewed and one employee file was reviewed.<br><br>The following deficiencies were identified: | Y 000  |  |  |  |
| Y 103<br>SS=F  | <b>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</b><br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 4/23/10, the facility  | Y 103  |  |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 3

Bureau of Health Care Quality and Compliance

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| Y 103   | Continued From page 1<br><br>failed to ensure 1 of 1 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5).<br><br>This was a repeat deficiency from the 1/27/10 State Licensure survey.<br><br>Severity: 2 Scope: 3   | Y 103   | Facility was cleaned for bugs & other insect. Facility was sprayed for wasps and other insects by professional pest control service. Attached receipt.  | OK<br>RZ<br>5/26/10                          |
| Y 178<br>SS=F   | 449.209(5) Health and Sanitation-Maintain Int/Ext<br><br>NAC 449.209<br>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 4/23/10, the facility was not well maintained.<br><br>Findings include:<br>- Dead cock roaches on the bedroom floors.<br>- Bathrooms had soap scum built up on the shower walls and floors. Tubs and toilets were dirty and unsanitary.<br>- There was a sign posted on the wall requesting that toilet paper not be flushed in the toilets and instead to be placed in the waste basket.<br>- One shower head was not working properly.<br>- One bathroom sink near the kitchen had the hot and cold faucets reversed.<br>- The furniture in the home had excessive wear. It was worn out and dirty. Bedroom mattresses had severe wear and tear and sag in the middle. | Y 178   | All bathrooms have been cleaned up. Soap scum on shower walls & floors sign on wall requesting toilet paper not be flushed in the toilets have been removed and used toilet paper are now flushing in the toilet. Defective shower head has been repaired and is now in working condition. The hot & cold faucets were now placed in their proper position where they should be. The furniture and all beds have been replaced with new ones. |  |

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If continuation sheet 2 of 3

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| Y 178  | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- The laundry room had piled up lint and dirt behind both the washer and dryer.</li> <li>- The back driveway had piled up broken tables and chairs and a wrecked car sitting outside.</li> <li>- One bedroom had a resident's belongings stuffed in green trash bags piled up on the floor.</li> </ul> <p>This was a repeat deficiency from the 1/27/10 state licensure survey.</p> <p>Severity: 2 Scope: 3</p> | Y 178  | <p>Employee # 5 went for her TB test. Attached is a copy. Admin. staff will make sure all employees have their TB tests &amp; files.</p> | <p>OK<br/>R#<br/>5/24/10</p> |  |

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